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AFFECTIONS OF THE LIVER—HEPATITIS.

From Dr. C. J. B. Williams's Lectures on the Theory and Practice of Medicine.

WE now come to *affections of the liver*. We might have been led to imagine that the liver is not so obviously exposed to disease as the alimentary canal. The alimentary canal is at any rate especially exposed to the various crudities of food, and so forth, passing through it; and, likewise, the character of its secretions is sometimes found acrid and irritating, and this leads to mischief. However, the liver is found to be affected, not only by modifications of its secretions, but likewise by external causes, and through the medium of the circulation. The liver is one of the great secretory glands of the system. All kinds of matter, however introduced into the circulatory current, have to pass through the vena portæ, and through the liver, and thus exercise a direct effect upon this viscus. In this way, alcoholic liquors are liable to disorder the functions of the liver, and also every other class of irritating and poisonous substances. The liver is also subject to derangement, not only of a direct, but likewise of a sympathetic character, in consequence of any disorder affecting the duodenum or the stomach. I have mentioned already, that, both in gastritis and in duodenitis, the functions of the liver are very apt to be disordered, and it would appear that there is a sort of natural relation subsisting between the duodenum and the liver, inasmuch as the process of chylification can only be carried on, by a due balance being maintained between these two organs. So, likewise, various indigestible foods, passing through the duodenum, will cause either an excessive flow of bile, or else disorder and interruption of the secretion. The chief external influences which affect the liver, are heat and cold. It is well known that, in warm climates and seasons, the liver is peculiarly apt to suffer, and its function to be disordered. Such a state is exhibited in cholera; while, at other times, its function is apt to be arrested by inflammation, especially when induced by extreme heat, whether artificial or natural. That the temperature is the direct or exciting cause of the disease, is not clear. This may possibly be due to the change that takes place in the blood, whether arterial or venous, not being complete, the blood, in a warm temperature, being more stimulated than usual, while, in a cold temperature, it becomes more venous. Now, as the liver is chiefly supplied from the venous blood, it is highly probable that the difference in

this respect will affect its function, and, when the blood becomes more arterial than usual, the function may be deranged ; or this may be from the effect of the heat itself. And, again, extreme cold is known to produce disorders of the liver, likewise. I need only refer to the late very cold weather, which, in my own experience, produced many cases of disorder of the constitution, generally connected with an enlarged, congested, and inactive state of the liver. This is the very common effect of a sudden transition from heat to cold.

Now, the first disease which we shall consider, under the head of inflammatory affections of the liver, will be *hepatitis*, of the acute form. We find, in books, hepatitis described as a very distinct disease, attended with symptoms of inflammation, and disorder of the function of the liver ; but we have found, at least in this country, that this affection is more obscure than it is commonly supposed to be, and far less distinct in its character. It is often not easy of recognition, on account of the absence or obscurity of the inflammatory symptoms. The symptoms are commonly those of fever, with more or less gastric disorder, sickness and vomiting, and various other symptoms, either of duodenal or gastric derangement ; and, with this, there is commonly pain, tenderness, and fulness in the right hypochondriac and epigastric regions, and an increased dulness, on percussion, over these regions. The pain is frequently felt low down on the right side, along the margin of the right loin, and extending sometimes to the back, being increased on the movement of full inspiration, or on pressure under the ribs ; there is also, frequently, a sensation of dragging, caused by the patient lying on the left side. The right side is generally too tender to lie upon, but the uneasiness is still greater if he be on the left side, and commonly, therefore, the patient lies on the back. The pain is very various in degree. Sometimes it is felt in the right shoulder ; this is commonly described as being characteristic of hepatic affection. In many cases such a pain is present in connection with affection of the colon. The enlargement in the right hypochondriac region is one of the most important symptoms ; it is perceptible by admeasurement, and occupies the entire anterior part of that region ; it extends into the abdomen, and the liver may be felt there on pressure ; but, to be quite sure of the character of this fulness, it is necessary to apply percussion. Now, the hepatic dulness, in the natural state, varies considerably. It varies, as we have found, in certain diseases of the chest. In emphysema, the lungs press downwards, and almost cover over the liver, and scarcely any dulness at all is observed ; and sometimes, in healthy persons, with broad and expanded chests, the lungs overlap the liver to a great extent, so that the natural dulness, otherwise perceptible in the region of the liver, often varies from a line of, perhaps, two to three and a half inches, or more, in breadth, extending from the epigastrium to the margin of the false ribs. The breadth of this band may, sometimes, be pretty fairly covered by the hand ; lower down, the liver is altogether overlapped by the intestines, and the sound will there be more of a tympanitic character. Now, with regard to the height to which the dulness reaches—this varies considerably in different

subjects. It may be perceived on strong percussion, reaching up to the fourth rib on the right side—sometimes even higher. Occasionally, the enlargement is downwards, and extends across the epigastrium, as low down as the umbilicus. It may reach from the hypochondriac region almost down to the iliac region. At any rate, it is frequently found from two to four inches below the margin of the ribs. If there be a displacement or enlargement of the liver upwards, it pushes the diaphragm along with it, causing a considerable amount of dulness in the right side of the chest, and the necessary effect of this is to produce a pressure on the lungs, and not only dulness on percussion, but other signs of disorder in the respiratory function. The dulness will be perfect as high as the fourth rib. In the back, though less in degree, the sound reaches to the angle of the scapula, and even passes into the axilla. There is a sound of dulness, here, on the presence of which the diagnosis of enlarged liver depends. You have to diagnosticate this from effusion into the pleura, and pulmonary consolidation; either of which may greatly simulate it. Now, effusion into the pleura may be distinguished in the following manner:—effusion into the pleura congregates chiefly at the lower part of the chest, the lung not being so much compressed in the centre as around its margins. On the other hand, the liver, by its enlargement, compresses more the central portions of the lung, but leaves the outer margin uncompressed and lapping over against the walls of the chest. Now the effect of this is to modify greatly the sound on percussion. There is a perfect dulness over the enlarged liver, where it comes in immediate contact with the surface, but, as you get a little higher, the dulness is not so perfect; and, if the percussion is well applied, a degree of resonance will be perceptible in the more superficial parts. You perceive, that there is a layer of the lungs overlapping the liver, and this is still more perceptible as the layer is thicker, and higher up. Now the opposite thing takes place in the case of liquid effusion in the pleura. The lungs are pushed away, and percussion produces a purely dull sound. The sound is very different in character. The respiratory murmur is also attended by a whiffing noise, owing to the compression causing a great resistance to the air on entering. Compare that with the opposite side, and you will find a remarkable difference. What effect would you expect from a large tumor, pushing up, not only the diaphragm, but compressing the central portions of the lung? Why, it would produce tubular respiration, by the condensation of the texture caused by this body rising up; and the same effect takes place by compression of the centre of the lung by the liver. The superficial character of the pulmonary stroke-sound, likewise, and the absence of crepitation and of cegophony, which are present in the case of liquid effusion into the pleura, will also tend to distinguish it. These signs are, then, of much importance in the diagnosis between hepatitis and other affections of the chest, attended with hepatic derangement.

The enlargement, then, takes place downwards or upwards. It also takes place outwards. This assists materially in the diagnosis. It is a very marked sign, when there is fulness in one portion of the chest that does not correspond with the other or opposite side; especially when such

fulness is attended by dulness in the region of the liver, and also a bulging out of the ribs. There is another circumstance, too, that often guides us, but which, at the same time, may mislead us ; and that is, the presence of inflammatory symptoms. There may be enlarged liver without inflammation ; but where inflammation does exist, it very commonly extends from the liver, or from its peritoneal covering, to the diaphragm and its pleural lining, and thence to the concave surface of the lungs. Enlargement alone does not constitute a criterion of hepatitis. Enlargement with dulness may exist in congestion, and in various structural diseases, and we must look, therefore, to the presence of fever and heat of the skin, more particularly in the region of the liver and the abdomen, and to the state of the pulse. A friction sound may, in some instances, be met with in the region of the liver itself—a slight rubbing, produced by the action of the diaphragm on the upper surface of the liver ; but more commonly it arises from a degree of pleurisy affecting the lower margin of the lungs. Often, there is, with hepatitis, nausea and vomiting, and, in some cases, there is jaundice, but these are somewhat uncertain symptoms. Sometimes, there is some diarrhoea present, and, occasionally, a dry cough, from the extension of the irritation or inflammation to the pleural surface of the diaphragm.

Terminations of the Disease.—The tendency of the disease, in the acute form, is either to terminate *by resolution, by suppuration*, or to pass into the *chronic state*. The symptoms of resolution are : subsidence of the pain, the heat, and the fever, and disappearance of the swelling. The symptoms of suppuration occurring, are : chiefly, subsidence of the heat, and the fever, but no subsidence of the swelling, and only a partial subsidence of the pain. At least, the pain may subside, but not the tenderness in the region of the liver. The pulse, too, remains very quick. There are frequent rigors, as in other cases of suppuration. The skin of the countenance, and of the body generally, exhibits a pallidity, sometimes accompanied with a hectic flush on the former. Where abscesses are formed, there is a remarkable disposition to oppose the action of mercury. This is not so commonly observed in this country, as in hotter climates. The suppuration may be in the form of circumscribed abscesses, or else forming one large abscess, and becoming encysted by the formation of a strong coat of lymph. The formation of simple abscesses is, perhaps, more common. The abscesses may open in various directions ; either into the intestinal tube, causing vomiting or purging, with the discharge of a quantity of purulent matter, a case of which kind came under my care in this hospital, where the abscesses opened into the colon ; or they may, sometimes, open into the duodenum, and, sometimes, into the gall-bladder, or even pass through the diaphragm into the pleura. Sometimes, the lung and the pleura form adhesions to the diaphragm, and abscesses have thus discharged themselves, into the substance of the lung. An abscess may pass through the substance of the lung, causing pleuritic perforation, and, in this case, you find it will communicate with the large bronchiæ, and there is, then, a large quantity of purulent matter coughed up. Sometimes, it communicates with the sac of the peritoneum, and,

in one case, it was known to open into the pericardium. It is more rarely that it opens outwardly, and discharges through the integuments. A case occurred last year, which was presumed to be abscess of the liver. There was considerable enlargement of this organ, and, ultimately, the abscess pointed in the loins, below the margin of the ribs, on the right side. An enormous quantity of very fetid pus was discharged, from two different places, and the patient eventually recovered, and is now living apparently well. There were strong attempts to commence a discharge from the lungs by cough. The best mode of discharge must be considered as that by stool. Several cases have recovered in India, where this has been the case. In spite of the abscess opening outwardly, the patient may sink; in fact, he may sink in consequence of the drain thus established; again, if it opens into the peritoneum, it will produce peritonitis; if in the pleura, pleuritis; if in the substance of the lung, it may produce suffocation; even opening into the intestines, it may cause enteritis, or death by exhaustion. A few cases are recorded of recovery from abscess of the liver. Annesley, in his work on the diseases of India, records several cases of recovery from hepatic abscess, in one of which, after death, cicatrices were found to exist in the liver, accompanied by false membranes around it, &c. There was one case happened last session in this hospital, in which there were abscesses of the liver, attended by disease of the lung. The surface of the liver appeared to be completely covered with cicatrices. The chief appearances, in recent cases of abscess of the liver, are a softer and redder state of this organ than usual; it is, also, very much enlarged. The presence of abscess, in a few cases, may be diagnosticated by fluctuation, perceptible in the region of the liver, or below the ribs, and this is accompanied by extensive dulness. In the cases I have seen, however, this could not be recognized, for abscesses mostly take place in the convex portion of the liver, in the hollow of the diaphragm, and, therefore, we are unable to detect it by the test of fluctuation. I do not know of any certain physical signs for determining the existence of abscess. However, the various signs of inflammation and perforation of the different viscera, might lead to the suspicion of the presence of an abscess; for instance, the increasing pain in the direction of the pleura, accompanied by a troublesome cough and difficulty of breathing, with increased dulness on percussion, over the region of the pleura, and the friction-sound, also, probably being present. Should the abscess communicate with the lung, we shall likewise have consolidation of this latter organ, and large quantities of purulent matter expectorated. Taking into account the history of the case, the previous existence and long continuance of pain and swelling in the right side, together with the subsequent occurrence of cough and purulent expectoration, the diagnosis may often be made out with tolerable facility.

The *exciting causes* of hepatic disease, besides hot climates and seasons, and stimulating liquors, are: blows on the side, sudden suppression of diarrhoea, and obstruction of the gall ducts by calculous concretions. Mercury, also, has been known to produce it.

The *treatment* must be antiphlogistic: venesection, in the early stage

of the disease, or cupping at the side to a large amount, which, in some cases, answers better than venesection, by drawing away the blood from the immediate neighborhood of the parts, which must be done till the fever decreases, as well as the pain in the region of the liver, the tenderness, and the swelling. Purging is a good remedy. Calomel purgatives, followed by salines, answer very well. Bloodletting, if repeated, should be local; cupping may be several times repeated, and, for some time afterwards, purgatives should be administered. Mercury is a remedy of great value; but it is questionable whether it is so useful in the acute as in the more chronic form of hepatitis. It is considered as a stimulant to the liver, and some practitioners, in India, have raised a question whether it is not injurious, and whether it does not do more mischief by its stimulating property, in such cases, than it does good. It is only, however, in India, that its efficacy seems to be questioned. It is useful to combine it with tartarized antimony and James's powder, and also to administer saline aperients. When the symptoms of enlargement continue, it will be useless to persist in this treatment. Under these circumstances, the diet should be much more generous. It is necessary to maintain the free action of the bowels, and to give occasional doses of mercury, after attacks of acute hepatitis, because the inflammation is apt to remain in a lower degree, and to go on to the chronic form, or to pass into structural disease. Therefore, mild mercurial doses should be continued. Chronic hepatitis, or hepatic congestion, are common effects of the acute disease.

Hepatic Congestion—presents but few symptoms, they being mostly signs of disturbed circulation; very few symptoms are referable to the liver. Besides the signs of weak circulation, there is chilliness of the surface, cold extremities, &c., which are very common signs in connection with congested liver. The other symptoms which occur, are usually those of duodenal dyspepsia, arising from imperfect digestion of the food, the appetite being, perhaps, considerable, with disturbance merely in the process of digestion, scanty and high-colored urine, and the stools exhibiting more or less disorder, being sometimes paler than usual, and sometimes of a darker color, with a want of the natural bilious, yellow tinge, which is characteristic of the healthy evacuations. These symptoms often occur in connection with congested liver, without any pain in the side. In many cases, however, there will be found a constant pain in the side. There is, likewise, a feeling of dragging at the right side, and, as the disease goes on, there is a sallowness of the skin, almost amounting to jaundice, which is also manifested in the white of the eye. The skin is generally dry, but, at times, bathed with cold perspirations: the tongue is loaded with a white or yellowish fur, and there is a bitter taste in the mouth; the evacuations are disordered in the manner I have mentioned, and the heat and pain extend from the right side towards the epigastrium, and the right shoulder blade. The liver is generally of a very enlarged size, as may be tested by percussion, accompanied by great tenderness of this organ. If the disease goes on, generally speaking, there are more or less febrile symptoms developed; and bilious or gastric fever

declares itself, accompanied with attacks of shivering, vomiting and giddiness. The urine appears high-colored and scanty, being largely tinged with bile.—*London Med. Times.*

INTERESTING CASE OF CONGENITAL IDIOCY.

[DR. CONOLLY, in the last No. of the British and Foreign Medical Review, gives an interesting account of the lunatic asylums of Paris. Perhaps no part of it is more valuable than that which relates to the department of the Bicêtre Hospital appropriated to epileptic and idiotic patients, and to the wonderful improvement in one of these patients. This portion of his account is given below.]

I was accompanied round this asylum by M. Battelle, and by M. Malon, the director, and had afterwards an opportunity of hearing from himself the exposition of the views of one of its able physicians, M. Voisin, whose singular zeal in the cause of the idiotic class of patients has caused difficulties to be overcome, which appeared at first to be insurmountable. The first part of the Bicêtre to which I was conducted, was a school exclusively established for the improvement of these cases and of the epileptic, and nothing more extraordinary can well be imagined. No fewer than forty of these patients were assembled in a moderate-sized school room, receiving various lessons and performing various evolutions under the direction of a very able school-master, M. Seguin, himself a pupil of the celebrated Itard, and endowed with that enthusiasm respecting his occupation before which difficulties vanish. His pupils had been all taught to sing to music; and the little band of violins and other instruments, by which they were accompanied, was formed of the old almsmen of the hospital. But all the *idiotic* part of this remarkable class also sung without any musical accompaniment, and kept excellent time and tune. They sung several compositions, and among others a very pretty song, written for them by M. Battelle, and sung by them on entering the class-room. Both the epileptic and idiotic were taught to write, and their copy-books would have done credit to any writing school for young persons. Numerous exercises were gone through, of a kind of military character, with perfect correctness and precision. The youngest of the class was a little idiot boy of five years old, and it was interesting to see him following the rest, and imitating their actions, holding out his right arm, left arm, both arms, marching to the right and left, at the word of command, and to the sound of a drum beaten with all the lively skill of a French drummer by another idiot, who was gratified by wearing a demi-military uniform. All these exercises were gone through by a collection of beings offering the smallest degree of intellectual promise, and usually left, in all asylums, in total indolence and apathy. Among them was one youth whose intellectual deficiency was marked in every look, gesture, and feature.

I think a more particular account of this poor boy's progress deserving of record, as an inducement to the philanthropist to enter on a new field

of instruction presenting many difficulties, but yet not unproductive of results.

In the school for idiots and epileptics, at the Bicêtre, a careful register is kept of the psychological condition of each pupil, according to a printed form, for the examination of their instinctive, moral, intellectual and perceptive state. I was obligingly furnished with a copy of the register relative to the subject of my immediate observations, *Charles Emile*, and also with a copy of the *résumé* or summary of his case, made by M. Voisin himself.

The age of Charles Emile is 15; he was admitted to the school in June, 1843. He is described as being of a nervous and sanguine temperament, and in an almost complete state of idiocy; the faculties which remain being in a state of extraordinary activity, and rendering him dangerous to himself and to others; but still idiotic in his inclinations, sentiments, perceptions, faculties of perception and understanding, and also of his senses, of which some were obtuse, and others too excitable. He was consequently unfit, to use the words of M. Voisin, "to harmonize with the world without." As regards his *inclinations*, he was signalized by a voracious, indiscriminate, gluttonous appetite, *un érotisme hideux*, and a blind and terrible instinct of destruction. He was wholly an animal. He was without attachment; overturned everything in his way, but without courage or intent; possessed no tact, intelligence, power of dissimulation, or sense of property; and was awkward to excess. His *moral sentiments* are described as *null*, except the love of approbation, and a noisy, instinctive gaiety, independent of the external world. As to his *senses*, his eyes were never fixed, and seemed to act without his will; his taste was depraved; his touch obtuse; his ear recognized sounds, but was not attracted by any sound in particular; and he scarcely seemed to be possessed of the sense of smell. Devouring everything, however disgusting; brutally sensual; passionate—breaking, tearing, and burning whatever he could lay his hands upon, and if prevented from doing so, pinching, biting, scratching and tearing himself, until he was covered with blood. He had the particularity of being so attracted by the eyes of his brothers, sisters and playfellows, as to make the most persevering efforts to push them out with his fingers. He walked very imperfectly, and could neither run, leap, nor exert the act of throwing; sometimes he sprang like a leopard; and his delight was to strike one sonorous body against another. When any attempt was made to associate him with the other patients, he would start away with a sharp cry, and then come back to them hastily. M. Voisin's description concludes with these expressions:—"All the faculties of perception in this youth are in a rudimentary state; and if I may venture so to express myself, it is incredibly difficult to draw him out of his individuality, to place him before exterior objects, and to make him take any notice of them. It would not be far from the truth to say, that for him all nature is almost completely veiled."

This description not only exemplifies M. Voisin's careful mode of observation, but shows that an example of idiocy less favorable to culture

could scarcely have been presented to the instructor. This same poor idiot boy is now docile in his manners, decent in his habits, and capable, though not without some visible effort, of directing his vague senses and wandering attention, so as to have developed his memory, to have acquired a limited instruction concerning various objects, and to have become affectionately conscious of the presence of his instructors and friends. His general appearance is still that of an idiot. His countenance, his mode of walking, all that he does, declare his very limited faculties. Nature has placed limits to the exercise of his powers which no art can remove. But he is redeemed from the constant dominion of the lowest animal propensities; several of his intellectual faculties are cultivated, some have even been called into life, and his better feelings have acquired some objects and some exercise. In such a case as this we are not so much to regard what is merely accomplished for the individual. A great principle is established by it in favor of thousands of defective organizations. After witnessing the general efforts of this school of the most imbecile human beings, and hearing the particulars of Charles Emile's history, it was really affecting to see him come forward when called, and essay to sing a little solo when requested; his attempt at first not being quite successful, but amended by his attention being more roused to it. His copy-book was then shown to me, and his writing was steady, and as good as that of most youths of his station in life. The schoolmaster, who seemed to take great pleasure in the improvement of this poor fellow, then showed us how he had taught Charles to count, by means of marbles and small pieces of wood, or marks made on a board, arranged in lines, the first containing an 0, the second 00, the third 000, and so on. Charles was sometimes out in his first calculations, but then made an effort and rectified himself. He distinguished one figure from another, naming their value. Large pieces of strong card, of various shapes, were placed in succession in his hands; and he named the figure of each, as square, triangle, &c., and afterwards drew their outlines with chalk on a black board, and, according to the desire of M. Seguin, drew a perpendicular, or horizontal, or oblique line; so effectually attending to what he was doing, that if any line was drawn incorrectly he rubbed it out and began anew. He also wrote several words on the board, and the name of the director of the Bicêtre, without the name being spoken to him.

This case was altogether the most interesting of those which I saw; but there was one poor idiot standing a great part of the time in a corner, to all appearance the very despair of art: even this poor creature, however, upon being noticed and brought to the table, proved capable of distinguishing the letters of the alphabet. Most of the others had received as much instruction as has been described, and could count, draw lines and figures, write, perform various exercises, and point to different parts of the body, as the head, the eyes, the arms, the feet, &c., when named to them. In all these cases, and pre-eminently in that of Charles Emile, the crowning glory of the attempt is, that whilst the senses, the muscular powers, and the intellect, have received some cultivation, the habits have been improved, the propensities regulated, and some play has been given

to the affections ; so that a wild, ungovernable animal, calculated to excite fear, aversion, or disgust, has been transformed into the likeness and manners of a man. It is difficult to avoid falling into the language of enthusiasm on beholding such an apparent miracle ; but the means of its performance are simple, demanding only that rare perseverance without which nothing good or great is ever effected ; and suitable space, and local arrangements adapted to the conservation of the health and safety of the pupils ; to the establishment of cleanly habits ; to presenting them with objects for the exercise of their faculties of sense, motion, and intellect ; and to the promotion of good feelings and a cheerful active disposition. The idiot who is capable of playing and amusing himself is already, as M. Seguin observes, somewhat improved. I can but regret that I had not time to watch the progress of this interesting school from day to day, and to trace the growth of knowledge in the different pupils ; as of the first ideas of form and color, into writing and drawing ; the development of articulation and the power of verbal expression ; the extension of memory to calculation ; the subsidence of gross propensities, and the springing forth and flourishing of virtuous emotions in a soil where, if even under the best circumstances the blossoms and fruits are few, but for philanthropic culture all would be noxious or utterly barren.

CARDITIS—CONSTIPATION

[Communicated for the Boston Medical and Surgical Journal.]

INFLAMMATION of the heart's structure being a rare disease, its pathology should be carefully noted when opportunities occur. A young lady, 18 years old, came under my care six days before her death ; the leading features of her case being—short, rapid and laborious breathing, a quick and tumultuous action of the heart, paralysis of the tongue, and hemiplegia of the right side. She was pale and slightly anasarcaous ; she sat in a chair or was bolstered upright in bed, and the expression was anxious.

She was never well, being afflicted with formal dyspnoea, which was aggravated by sudden emotions or by hurried exercise ; yet she could speak and sing without difficulty. She was subject to violent palpitations, and while walking would frequently pause to rest, or suddenly fall, and after a few moments recover. She had also a dry cough. The severity of these manifestations steadily increased, all attempts to check them being unavailing.

During her last days her tongue was pale and covered with irregular patches of tenacious slime ; she experienced fugitive pains in her left side ; her respiration was 40, with convulsive heaving of the chest ; pulsations 110 to 120, not violent in the arteries, but extremely so in the heart, the impulse being extensive. She could articulate no sound, but responded by the affirmative or negative movements of the head. There was no abatement of the cardiac agitations nor suspension of the paralysis, and she steadily sunk. No remarkable aberration of the digestive or other abdominal functions was observed.

Upon inspection of the lungs, these organs were found to be well developed, but were emphysematous and infiltrated with sanguineous effusions, having in some portions a hepatized appearance, and there was a quantity of pus in the bronchiæ. The external aspect of the heart indicated considerable enlargement of the organ, particularly of the right ventricle, which was the fact. The right auricle was excessively gorged with coagulated blood and fibrinous concretions, and the corresponding ventricle was nearly filled with polypi, some of them of large size, and the rugæ of the columnæ carnæ were filled with masses of this substance. At the lowest point of this ventricle, where it forms the apex of the heart, the internal tissues were extensively ulcerated, and there was a teaspoonful of light yellow pus. So completely were the tissues invaded by the ulcerative process, that they were ruptured by the slightest force. Even the attachments of the fleshy columns were torn by passing the finger over them. The seat of this ulceration was circular, and of the size of half a dollar. The opposite external investments of the heart appeared to be sound, but thin; and the left side of the heart, with the valvular machinery, was in a normal condition.

A lad, 16 years old, was seized with cutting pains in the epigastrium, that baffled all attempts to subdue. He ran up and down in his distress, and was tortured with cramps, and his case soon became very alarming. To relieve him, the indefatigable employment of purgatives, blisters, fomentations, injections, &c., was resorted to, without success. On the second day, vomiting supervened, his thirst was incessant, his tongue dry and furred, his pulse small and quick, and there was coldness of the skin and burning heat in the bowels. On the fifth day, no dejections had been procured, and he was rapidly going down. At this stage he began to throw up excessive quantities of fecal matter and depraved fluids, at average intervals of an hour, and the quantity was incredibly great. It came up with a gush that half filled the chamber pot, and was excessively foetid. He drank nothing, but assuaged his thirst with ice. To anticipate the inevitable termination of this state of things, he was freely bled, which measure was repeated on the sixth day. The blood was buffy and cupped. He went on in this way until the ninth day, his countenance being pallid, ghastly and haggard, his eyes turned upward and unclosed. He was exceedingly restless, and during a period of forty-eight hours he never slept; his emaciation was extremely rapid, the abdominal pains, tenderness and vomiting unabated, and it was evident he could not last much longer.

At this juncture the long flexible tube occurred to me, and I reproached myself that it had not been sooner thought of. Two quarts of tepid water was pumped up as high as the transverse arch of the colon, and after remaining some time was returned without feces. After a brief interval nearly three quarts of strong soap suds was injected with the full length of the tube, which was more than two feet in length, which after remaining some time, was, to our inexpressible joy, returned with an enormous quantity of feces, black, stinking and scybalous. From henceforth there

was no more vomiting ; an injection of starch and laudanum was administered, and for the first time for nine days, our patient enjoyed a remission of his pains and sickness, and slept. On the tenth and eleventh days, the tube was again passed, followed by the discharge of a vast quantity of scybalous fæces, and the poor lad slowly recovered. I was associated with Dr. Stone in this obstinate case.

A boy, 7 or 8 years old, fell from the beams of his father's barn, and received a violent concussion of the abdomen. He vomited incessantly, and during four days there was fever, restlessness, vomiting and insurmountable constipation. He had been bled, blistered, and had taken cathartics, his pulse was quick and small, his bowels full, tender and painful, and he rejected everything. I was invited to confer with his physician, Dr. Brooks, and we agreed upon the flexible tube. Our patient retained fifteen grains of calomel over night, and on the next morning the tube was passed to the extent of fifteen inches, and a large quantity of warm water thrown up beyond the sigmoid flexure of the colon, but was soon expelled without fæces. It was repeated once or twice with the full length of the tube, without any better success, when, after a respite of six hours, a large quantity of purgative fluid was forced up, and a great quantity of liquid fæces discharged. The boy was relieved, he gradually improved, and finally recovered.

In these cases of unmanageable constipation, the ordinary modes of administering injections are wholly inadequate and useless. It does not signify anything simply to stimulate the rectum ; the great colon must feel the stimulus of distension, and its capacity is such that an enormous quantity of fluid is indispensable. In the first case, we used a large wash-basin full, and I am confident that the final action of the bowels and recovery of the boy are to be attributed to this deluge upon the colon. It should, too, be early employed, for who does not know the inevitable terminations of this fatal disease, in adhesions, ulcerations and perforations. The truth is, this is one of the most efficacious agents we possess in re-establishing the process of defæcation, and I cannot but add my testimony to its value.

JAMES DEANE.

Greenfield, Ms., March 12, 1845.

ON THE USE OF STIMULANTS IN FEVER.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—The general pathology and treatment of fevers have been well understood by regular practitioners of medicine for a long period of time, though much light has been shed upon them within a few years by the researches of those who have directed their attention to the abnormal affections of Peyer's and Brunner's glands in these complaints, particularly in typhoid fevers. It is not my intention to make any observations upon the general treatment of fevers. This, as I have observed above, is well understood by the discerning faculty of New England, where typhoid fever, according to the graphic description of it given by Drs. James

Jackson, Hale, Gerhard, Bartlett, and many others, more generally prevails than any other form. But I wish to make a few remarks upon some anomalous modes of treatment which have occurred in my practice, or have fallen under my notice.

The remarks of a correspondent in a late No. of your Journal, upon the use of cider in fevers, directed my attention to a subject, which otherwise I should not have publicly noticed, but which, I think, may be of importance to the profession. That is, the use of remedies which may be occasionally useful, though not noticed by writers on the subject, or, if noticed, spoken of only to be condemned. It has generally been considered that cider, strong beer, or any liquors containing alcohol, are detrimental to patients laboring under inflammatory or febrile complaints; and this, as a general rule, is undoubtedly true. But there are exceptions which prove the converse of the maxim, and perhaps the exceptions preponderate against the rule. Nothing is more common in the exacerbation of fevers, than for patients to complain of intolerable thirst, which no common beverage can allay. Even cold water, which is often so delicious to patients in a burning fever, cannot always be tolerated in such cases, and it is frequently rejected by vomiting. Lemonade, and many other acidulated drinks, are, also, often loathed and thrown off from the stomach. In such cases I have seen many patients who have anxiously entreated for cider, and generally for thoroughly wrought cider. At first I was afraid to administer it, but a somewhat extended experience in the use of it in fevers, for many years past, has satisfied me that no harm has ever resulted from the use of it in my practice, and I might cite numerous cases where the utmost possible benefit has followed the employment of it. Living in a section of the country where the best of cider is made in sufficient abundance for the consumption of the inhabitants, especially since the glorious triumph of temperance principles, I have had ample means for testing the efficacy of it in febrile complaints, during a period of twenty-five years, at least, and in a section of country where fever has constituted no small portion of my business. Good bottled cider is generally preferred by my patients, and when that could not be obtained, good draught cider from the barrel. This is generally, at first, diluted with water, and afterwards it is taken clear. The union of the acid of the cider with the carbonic acid has always proved refreshing, and has supplied a hankering, as it may be called, at the stomach, which nothing else would seem to appease. These facts, I know, are against the generally received opinion, that all stimulants are injurious in fevers; *but they are facts*, and consequently they cannot easily be rebutted.

During the past winter I have had a patient, about 80 years old, dangerously sick with fever, who early craved the use of cider, and who experienced more relief from it than from any other article which he took; and that, too, long before his stomach would admit of the reception of anything but liquid nourishment. My remarks on the use of cider are confined to it as a beverage for the sick, and not as an article of daily consumption by the well. I notice it merely as a remedial agent.

I am very far from placing any dependence upon what are called pecu-

liar longings in fevers, or any other diseases. My opinions on that subject are well known to be opposed to them. Yet the relation of facts may sometimes stagger even credulity itself. A few years ago, my father and myself were attending upon a family where fever of a typhoid character had been prevalent among some of the numerous inmates, for nearly a year. A member of the family, a young lady not far from 20 years of age, had been sick with this fever about a fortnight. Her fever was at its height, pulse about 120 in a minute, skin hot and dry, and her cheeks very much flushed. Among other things she was directed to be thoroughly sponged over the whole surface of the body, limbs and face, with cider brandy. While sponging her face, she eagerly caught a corner of the sponge saturated with brandy, in her mouth, and held on to it with so much avidity, sucking the liquor into her mouth, that her nurse could not extricate it. She would not be appeased, and continually called for more brandy. My father soon after arrived, and heard her piteous supplications. He decided upon giving it, and watching the effects of it. By little and little he administered the brandy, in an undiluted state, until in the course of the day she took *a quart of pure cider brandy*! Her pulse, instead of increasing in frequency, actually diminished; her fever subsided, and a favorable crisis actually took place from that day. I can attest to the fact, as I was attending upon the family with my father. Here, then, is a fact more to be relied on than all the speculations in the medical world. Probably another such case may not soon again occur. This, therefore, is not quoted as a precedent, except in similar circumstances.

How often do we see patients in the low stages of fevers, who can bear much greater quantities of diffusible stimulants than persons in health. There is living in this town a highly intelligent gentleman, who was sick with fever in Boston in the year 1814 or 1815, nigh unto death, who informed me that his physician, one of the most eminent in that city, directed him to the use of a pint and a half of pure cogniac brandy in the course of the day, for many days in succession, besides tonics, and he verily believes that his life was preserved by the course. I have myself known a patient recovering from severe phrenitis, who had been reduced to the verge of the grave, and whose debility was extreme, who regularly drank a pint and a half of Madeira wine, for many days in succession. Twice he has suffered most severely from the same complaint, and each time, in the convalescing state, he has taken at least a pint and a half of wine a day. He now enjoys good health.

I am no Brunonian, but I have often thought that physicians have erred, in the low stages of fever, in not commencing with the use of tonics and stimulants sufficiently early in the complaint. I should like to have my professional brethren turn their attention towards this subject, more particularly than some of them have heretofore done. I believe some of the diffusible stimulants may be used very early, after thorough evacuations, even when there is great febrile action. During the prevalence, to a limited extent, of typhoid fever in this town in the summer of 1844, I had a patient laboring under that complaint, with high arterial ex-

citement, who, after a thorough evacuation of the stomach and bowels, could retain no other medicine upon her stomach but hydrochloric ether, and for more than ten days she used no other medicine. It was given in doses of from 25 to 40 drops, four times a day. She recovered as rapidly and soundly as my other patients, treated in the usual way.

Very respectfully yours,

Deerfield, Mass., March 11th, 1845.

STEPHEN W. WILLIAMS.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 26, 1845.

Sanitary Condition of the Laboring Population.—Although the pamphlet of which the above caption is a part of the title, has express reference to the city of New York, the reasonings might be applied, with almost equal force, to the sanitary condition of the laboring population of Boston or any other city. John H. Griscom, M.D., of New York, a man of a very humane disposition, who sympathizes with the afflicted, and who desires to better the condition of the poor, gave a public lecture in December, with a view to explaining both the cause and remedy of much physical misery. Recently, by enlarging the text of the lecture, he has brought out a sensible pamphlet of 58 pages, which is worthy of the immediate consideration of the government of that city. It seems that Mr. Harper, the mayor, was favorably impressed with the remarks of the author, and deemed the subject of sufficient importance to be laid before the council. However, after several weeks' deliberation, the committee gave it the go by, and thus a subject that required the profoundest attention was gently thrown overboard. Living in cellars, old decaying dwellings, badly lighted and ventilated, and residing in narrow, dark, muddy lanes, the receptacles of all the filth of a neighborhood which is itself a nuisance, makes the poor poorer and more miserable; and if sanitary measures were ever warranted for ameliorating the condition of the wretched class of tenants occupying such places, now is the time—the opening spring. Dr. Griscom has opened the eyes of intelligent men to a great source of city misery, wickedness and suffering.

Orthopædic Institutions in New York and Boston.—Public attention seems to have been directed, of late, to the progress of orthopædic surgery in New York. Drs. Dexter and Brewster conduct an institution at the corner of Broadway and Fourteenth street. An airy, spacious edifice is now exclusively under their control, in which from 80 to 90 patients are conveniently accommodated. Dr. Brewster has long devoted his entire energies to this department, with a success of the most gratifying character. A course of lectures has either been commenced, or is proposed, we are uncertain which, at the institution. Dr. Dexter is an ingenious, well-informed practitioner, who carries with him to the establishment that which must be of invaluable service to its interests and advancement; viz., experience, kindness of manner, and a thorough determination to better

the physical condition of those unfortunates who fall under his medical care.

Dr. Brown's institution, in Boston, succeeds admirably, we hear—and the intelligence must be gratifying to all who are watching the progression of orthopædic surgery in the United States. It is said that this comparatively new branch of surgery is now as extensively if not as successfully practised in this country as in Europe.

Jefferson Medical College.—American schools of medicine will soon rival, in the number of their students, those of London and Edinburgh. Four hundred and nine have been in attendance during the past season at the Jefferson College, in Philadelphia, according to the catalogue. The fact is, the courtly manners of the faculty, combined with an uncommon brilliancy, tact and fitness for their several stations, have given an eclat to the institution, and raised it to great and well-deserved distinction.

Columbian College—Medical Department.—A circular for 1845 is already published, from which we should be glad to copy, if our pages were not already more than filled. Very ample and praiseworthy preparations have been made for the next course of lectures. The college and hospital—a conveniently constructed edifice, in a central part of the city of Washington—is 150 feet long on the front, with two wings of 50 feet each. There is no reason why the medical school in the capital of the nation, should not expand into one of the largest in the country. Those who know most of its organization uniformly speak of it in the kindest manner. It has a character for benevolence, too. A certain number of students are annually educated gratuitously. Anatomy, a leading department, is admirably taught by Dr. Miller, who cannot be surpassed in accuracy of detail, or methodical arrangement in demonstrations. Dr. Sewall is known the world over; and Dr. Paige, the professor of chemistry, an old and familiar acquaintance, has no superior in his branch. Every chair, indeed, is well sustained. As the lecture season draws nigh again, we shall call the attention of the profession, but more especially of students, to the peculiar local and pecuniary advantages of this college.

Liberia Medical School.—In a letter from Dr. J. W. Lugenbeel, the colonial physician in that interesting and rising State, Monrovia, Africa, to the Secretary of the American Colonization Society, under date of Oct. 22d, he acknowledges the receipt of sixteen volumes of medical books, the gift of Dr. Bell, of Philadelphia, "for the use of the Liberia Medical School." He further observes, "My students are making fine progress in their studies. They are of very considerable assistance to me, and I hope and believe they will become blessings to the colony. I endeavor to give them every opportunity to learn practically, as well as theoretically, by frequently taking them with me and giving them clinical lectures." From some further remarks in the same communication, we learn that Dr. Lugenbeel is decidedly of the opinion, that ninety-nine persons in a hundred, visiting Africa from America, might pass safely through the acclimating fever of the country, provided their constitutions were not much impaired

by previous disease, and they could be prevailed on to exercise that prudence which is necessary. Moderation in exposure and exercise, contentment of mind, and temperance in eating and drinking and in the *use of physic*," he says, "are *sine qua non*s in this country." Without doubt, the discovery will hereafter be announced that there is necessarily no acclimating fever there. This notion is already beginning to attract attention. The bad state of preparation by the mode of living on the voyage, unquestionably predisposes to the development of bilious and congestive fevers on landing in the new settlements. We consider that Dr. Lugeneel's observations are already tending to this opinion, which is a favorite theory, at least, with ourselves.

Scientific Lectures for the Insane.—Dr. Earle, in his recent report of the Bloomingdale Asylum, which we have read with much satisfaction, has really made known a new source of rational enjoyment for lunatics. He has been giving a series of scientific lectures, generally illustrated by diagrams and pictures, of a size to enable every person in attendance to have a distinct view of them. Among other subjects, Dr. Earle lectured on the physiology of the eye, and the phenomena of vision; physiology of the muscular system; and the following are to be the ensuing topics: physiology of the brain and nerves; heart and blood vessels; organs of respiration; auditory apparatus; organs of speech; electricity; hydrogen and nitrogen gases, &c. The result, on the disturbed minds of the Bloomingdale hearers, was most happy. "The several sources of instruction herein mentioned," says Dr. E., "are among the principal promoters of peace, tranquillity and order; they are some of the most valuable aids in restoring the mind to its original healthy action." Those who are placed over other lunatic institutions, have a very encouraging precedent to follow, and we fully expect to hear, in proper time, that an annual course of miscellaneous public lectures, expressly for the patients, is considered an indispensable curative process, conducting alike to present intellectual gratification and permanent enjoyment.

New Elements of Operative Surgery.—The first volume of the great work of Velpeau, translated by P. S. Townsend, M.D., of New York, is before the public. It comes out under the supervision of Dr. Mott, and is to be completed in three volumes—the first of which, contains 850 octavo pages, with numerous illustrations, exceedingly well prepared. Some observations have been made by the Medical Examiner in regard to the arrangement of the articles, as being rather out of the common order. When the whole work is finished, and the books are before us, such comments will follow as the character of the translation and its additions may seem to require. The publisher, Mr. H. G. Langley, does himself credit by such a fair specimen of typography. The profession should be offered Velpeau at a price to induce all to have it.

Braithwaite's Retrospect.—Part X. of the uniform American edition is now in the hands of Messrs. Jordan, Wiley & Putnam. Thus far, its original character is fully maintained, and it constitutes an excellent digest of general practice.

Spontaneous Gangrene—Law Suit to recover Medical Fees.—Mr. Baker, a surgeon of Hampton, England, was called to Mr. Lowe, aged 64, who was affected with spontaneous gangrene of the toe, but otherwise healthy. Stimulating medicines, brandy, meat, wine, &c., were ordered, and in four or five days the toe was amputated. But the disorder extended over the foot, and Mr. Liston being called, stimulants were abandoned and "the soothing system" adopted. It became necessary, however, to amputate the foot. Mr. Baker continued his attendance, and finally sent in his bill for 437 visits at 7s. 6d. a-piece, which with some medicine amounted to over £193. The bill was disputed, and this action was brought to recover the whole amount. Mr. Bransby Cooper, Mr. Partridge, Mr. Liston and Mr. Perry were brought to testify as to the propriety of the plaintiff's treatment. Mr. Lawrence, however, Mr. Aston Key and Mr. Skey gave contrary evidence. The former surgeons considered spontaneous gangrene as resulting from a debilitated constitution, and therefore requiring stimulants. The latter considered such treatment improper, as likely to increase the inflammation and extend the disease. Amputation of the toe, too, they thought the worst course that could be pursued, as it was an act of violence upon a part already in a great state of excitement. The mildest and most soothing applications they thought were indicated, with general abstinence and quietness. The necessity of amputating the foot they considered as the result of amputating the toe and of the stimulating treatment employed. The jury brought in a verdict for the plaintiff of £138 14s., calculating the visits at 5s. a-piece, and found no want of proper skill in the treatment.

Pulmonary Consumption.—Dr. Evans, of London, has published a series of lectures on phthisis, one of the leading ideas of which is, that tubercles in the lungs are not the cause of the disease, but the result. The following quotation will convey some notion of his views. So far as these are correct, they show the fallacy of the method of treatment lately adopted in a few instances in England, of discharging matter from the lungs of consumptive patients through an external opening.

"You perceive, then, that after the most careful examination of the different symptoms which ordinarily accompany tubercular phthisis, there is not one which can be attributed to the presence of the tubercles themselves. On the contrary, you find all these symptoms resulting from the very causes that produce tubercles: thus the deficient force of growth gives rise to emaciation and hectic fever; local active congestion causes directly hæmoptysis, and by its remote sympathies, hectic fever, laryngeal, enteric and uterine symptoms. You perceive that, as far as the history of a case of phthisis pulmonalis is concerned, if diminished nutrition and local irritation be present, tubercular depositions may be subtracted without producing the slightest influence on its progress. The secretion of tubercles is one of the effects of certain diseased conditions; but it is not the tubercles that constitute the disease; emaciation, pulmonary inflammation, with the termination of ulceration and suppuration, and the local and general symptoms these produce—this is the *ensemble* that constitutes phthisis pulmonalis, and the presence of tubercle in the lung without these does not constitute it. In the rare cases where tubercles have been found without traces of surrounding inflammation, there were no symptoms during life."

Rejection of Quack Advertisements.—The following admirable remarks on quackery and quack advertisements are to be found in the No. for November, 1844, of a religious periodical, which is stated by a correspondent to circulate more than 30,000 Nos. monthly, called *The Christian Witness*:—"We fell into the current, and followed the bad example of pre-existing religious periodicals; but reflection has led us to see our mistake, and we hasten to repair it, assured that we shall give satisfaction to all our readers, who properly estimate the true character of modern quackery, which is one of the vilest and foulest of all foul and vile vocations, and is sustained to an incredible extent by fraud, forgery and falsehood, and fraught with delusion, disease, and death. To publish their nostrums, is to partake of their deeds; to receive their money is to share their spoils, and aid them in making war upon mankind. No vehicle renders them such assistance in the work of rapine as the *religious magazines*, which, among the thoughtless masses, powerfully and naturally tend to dignify the hateful system, and to sanctify the ruthless imposture. On this point the communications of some of our correspondents are both startling and grievous, and such as show the necessity of religious men and religious magazines cutting all connection with quacks and quackery."—*Lancet*.

Medical Miscellany.—Dr. Bradley, of the Siam Mission, has lately been called upon for medical services in some of the highest families in the kingdom, where his successful practice has gained favor for the mission.—Dr. Smith, of the Syrian mission, appears to be exceedingly useful to the institution.—A person recently died at Tooting, England, aged 83, who had lived there more than 50 years—part of the time as a cook for a lady, and six years as the wife of Robert Welch, parish clerk, and after death it was discovered that the individual was a man.—Since January 1, 1844, according to the statistics of crime in France, 159 married women have been legally charged with murdering or attempting to assassinate their husbands.—A physician of Boston says that *sheet India rubber* is an excellent remedy, externally applied, for rheumatism and pain in the limbs.—On Wednesday last, 33 students took the degree of M.D. at the New York College of Physicians and Surgeons, and 120 at the University School.—A new Government Bill relating to the practice of medicine and surgery has been brought forward in the British Parliament by Sir James Graham, which is likely to be much more acceptable to the medical profession than the one which has been under consideration the past year. Mr. Wakley made quite a favorable speech respecting it on the night when it was presented.—Dr. Guy's work on Medical Jurisprudence, which has lately been reprinted in New York, is attacked in the London *Lancet* on the ground that extensive plagiarism has been practised by Dr. G. from Mr. Taylor's "Manual of Medical Jurisprudence" and "Elements of Medical Jurisprudence."

MARRIED.—At Wilmington, N. C., Dr. James H. Dickson to Miss Margaret Owen.—Dr. George E. Eels, of Lithopolis, Ohio, to Miss Lucretia Wilson, of Deerfield, Mass.

Number of deaths in Boston, for the week ending March 22, 39—Males, 13; Females, 26. Stillborn, 8. Of consumption, 9—lung fever, 3—drowned, 1—scarlet fever, 3—marasmus, 1—bronchitis, 1—convulsions, 1—infantile, 1—inflammation of the bowels, 3—cancer, 2—cramp in the stomach, 1—rheumatism, 1—teething, 3—childbed, 3—accidental, 1—brain fever, 1—fever, 1—dropsy eu brain, 1—inflammation of the lungs, 1—dropsy, 1—canker, 1—intemperance, 1.

Under 5 years, 13—between 5 and 30 years, 4—between 30 and 60 years, 17—over 60 years, 5.

A Fish-hook removed from the Œsophagus without an Operation. Reported by ANDREW R. KILPATRICK, M.D., Woodville, Miss.—In the summer of 1837, Mrs. * * * was enjoying her usual *siesta*, in the afternoon of a warm day, on a pallet spread upon the floor in a cool part of the house; and while she was lying on her back sleeping pleasantly, no doubt dreaming of past pleasures, her grandson, a little urchin of three or four summers, was playing about the house with a fishing tackle complete, pole, line and hook; who, when he discovered the old lady with her mouth widely distended, thought it was a fine opportunity to "catch a fish." Accordingly, in order to effect his purpose, he cautiously deposited the "barbed hook" (I believe there was no *bait* on it) into his granddame's open mouth. The titillation caused her to awake suddenly, and as her mouth was dry from exposure, she closed it, and swallowed the hook two or three inches below the uvula. So soon as she discovered her situation, the whole family was assembled by her calls and cries of distress, *except little Charley*, who had dropped his pole in a panic, and, in provincial phrase, *mizzled*.

Some gentle efforts were essayed to remove the hook, both by the patient and some of the family; but being apprehensive of fixing the barb in the throat, they ceased all efforts, and despatched a messenger for Dr. E. Leroy Antony, who resided in the neighborhood. When he arrived, and found that the hook was not fastened into the flesh, his fertile brain suggested a plan by which it could be removed safely, easily, and *without an operation*.

His plan was, to cut off the line within a foot or two of the mouth of the patient; then to drill a hole through a rifle bullet and drop it over the line, down on the hook. In order to fix the bullet on the point of the hook and maintain it firmly in that position, a reed was procured, the joints punched out, and then passed down over the line, and pressed firmly over the bullet. In this manner the hook, bullet and reed were all withdrawn at once, very easily, without any injury to the Œsophagus or fauces.

This all seems so simple, like Columbus's egg, that the reader may think he would have done just the same thing. But the influence of education and of common practice, and the desire to perform surgical operations and acquire some celebrity, all conspire to keep us in the same beaten track; and the majority of minds, when started and trained in a certain way, seldom if ever alter their course. It is matter of rejoicing, too, that the knife is less used now, than it was some years since, when surgeons seemed to vie with each other who could cut the largest gashes and the most of them.

The above case occurred in Barnwell District, S. C., and, as stated above, was treated by Dr. Edwin Leroy Antony, son of Dr. Milton Antony of Augusta, Georgia. Both were carried off in 1839 by the epidemic yellow fever of that city; and society and the profession lost two bright ornaments. Dr. E. L. Antony seemed to be formed a physician by nature; he possessed talents of a rare order, and an intuitive knowledge of nature and disease. As to his father, Dr. M. Antony, no eulogy can add to his fame; his name is rendered immortal by the Medical College of Georgia.—*New Orleans Medical Journal*.